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ADULT AND CHILD CENTER FOR OUTCOMES  
RESEARCH AND DELIVERY SCIENCE

UNIVERSITY OF COLORADO  
CHILDREN'S HOSPITAL COLORADO

**International Data Analytic & Research Leads Task & Finish Group**

**Meeting #2**

**October 10, 2023**

**Agenda**

<b>Participants:</b>	David Olds, Mike Knudtson, Petya Zeynelova, Lindsay Croswell, Emma Larkin, Daniel Boyle, Anna Lindberg (notetaker)
<b>Regrets:</b>	Susan Jack, Cameron Hurst, Sue Hillsden
<b>Not present</b>	
<b>Chair:</b>	David Olds
<b>Note taker:</b>	Anna Lindberg
<b>1. Intros</b>	Welcome & Apologies/regrets
<b>2. Country's comments on Mike's Guidance Document:</b> - <b>What is being done in your country that needs to be addressed to create greater efficiency in data analysis?</b>	<p>Group Discussion</p> <p>Countries present today: Bulgaria (Petya), Canada Ontario (Lindsay), Northern Ireland (Emma), Scotland (Daniel)</p> <p><b>Bulgaria:</b> They have been tracking data points &amp; reporting on the document, but for pregnancy, infancy, and toddlerhood. Not impossible to record more, just a matter of capacity for data analyst, and some adjustments on the information system. Bulgaria's status moving forward unknown, but if capacity allows, making these changes would be of interest to Petya.</p> <p><b>Scotland:</b> developing dashboard to display various outcomes and aspects of delivery. Comes at a good time for Scotland, the time points piece deviates from what they normally do. Developing consistency in how "cohort" is defined → good agenda item for next time! Scotland has a fairly integrated data system.</p> <p><b>Canada (Ontario):</b> BC's challenges will be similar to theirs. Nova Scotia is about to launch so they have the advantage of taking these thoughts and reflections and applying them to the work. There is not a single information system, currently only report annually, their reporting year is by calendar, they do not track anything connecting year to year except graduation rates by enrolment year. Do not have the capability system-wise to track clients individually on an ongoing basis. Data collection work group meeting this Friday, so they can talk about what they can do in the next year, will receive feedback from them.</p>



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	<p><b>Northern Ireland:</b> also have a pretty integrated system, a few things that they don't routinely collect. Analysis of completed visits and program retention: they collect that for pregnancy, infancy, and toddler completers. Would be a lot of effort to factor in 6 and 18 months.</p>
<b>3. David &amp; Mike reflections</b>	<p>No one seems opposed to aggregating the data! Everyone agrees that it's a useful framework, but the degree to which we can rely on the results to be calculated for the next reporting period is going to vary depending on your system's ability to invoke this.</p> <p>Mike: want to make sure that we are clear in specifying denominators. That can often cause confusion, especially when comparing one country to another.</p>
<b>4. Questions/comments</b>	<p>Lindsay: in terms of implementing change to their data collection process, it's a two year process in Ontario.</p> <p>How large of a dataset is needed to ensure generalizability? Some of the countries have small number of participants (Lindsay asked this question and Emma echoed her sentiment) → defer to your data analyst people on this piece, Mike can serve as a consultant if need be.</p>
<b>Next meetings:</b>	<p>Tuesday, December 12 at 7:00 AM MST</p> <p>Tuesday, January 9 at 7:00 AM MST</p>
<b>Action items</b>	<p>Lindsay → send her notes on the guidance document to Anna or Mike</p> <p>Agenda items for next time:</p> <p>Is it possible to make this the guiding document for reporting across all of our countries? What does this look like in our country? To what degree can we use this as our guiding framework for reporting?</p> <p>Cohort analysis → explore the issue to make sure we have consistency (agenda item for next time)</p>